

To: DCYF Staff

From: Joseph E. Ribsam Jr., Director, Division for Children, Youth, & Families

Date: April 06, 2020

RE: Directive Regarding In-Person Staff, Child, Youth, and Family Contact During COVID-19 State of Emergency

Purpose

The purpose of this memo is to advise staff on procedures for in-person visits during the COVID-19 state of emergency. The latest information regarding COVID-19 can be found at:

<https://www.nh.gov/covid19/> and <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

In an effort to reduce contact with other people and avoid exposure to the virus through in-person contact the following alternative procedures will be permitted during the State of Emergency.

This memo is intended to supplement the letter to staff dated March 20, 2020.

The following procedures shall be followed to determine whether an in-person visit is required and if so, the necessary screening and procedures. In all instances where an in-person visit is not deemed necessary, video conferencing shall be the preferred method of conducting the visit.

Step 1: Determine Whether an In-person Visit is Necessary

- Determine whether the primary objective of the visit can be safely and appropriately achieved remotely including by phone or Zoom or other approved technology.
 - Most situations, including low and moderate risk matters, should be conducted remotely.
 - High Risk situation are more likely to require in-person contact
 - High Risk Child Protections Assessments :
 - Preliminary assessment of “high risk” for the purpose of this directive is distinct from a finding of high/very high risk utilizing the NHIA/SDM tools.
 - Supervisors can conduct a preliminary assessment of whether a situation is “high risk” by considering: the screening level (1, 2, or 3) assigned at intake; any history maintained by the Division from prior family/child interactions; the nature of the allegation; and additional preliminary fact gathering from the referent, collaterals, and in some instances the subjects of the assessment.
 - If the preliminary assessment deems a situation “high-risk,” in-person visits with alleged victim should typically occur.
 - If the information received from the victim interview would not support a finding or it does not otherwise indicate that the assessment remains high risk, the supervisor may approve a video or telephonic alternative for siblings and parents in lieu of additional in-person contact.
 - High Risk Juvenile Justice and Child Protection Case Visits:

- In-person visits may be necessary in instances where risk assessments and other data indicate high risk to child, youth, family, or community in consideration of Juvenile Justice Policy 1410 and the NHIA/SDM tools.
- The supervisor should further assess the current situation by reviewing any history from family/child/youth interactions; the nature of the ongoing risk; and additional information gathered from the referent, collaterals, children, youth, parents, etc.
- If, following the completion of the above assessment, a situation remains high-risk, in-person visits should typically occur.
- If the answer is yes, the primary objective of the visit can be safely and appropriately achieved remotely, the visit shall be conducted remotely and documented as identified below.
- If the answer is no, because it is determined that in-person is necessary, proceed to Step 2.

Step 2: Screen the Individuals Involved to Assess Risk of Exposure to Covid-19

- Screen participants by telephone to determine risk of exposure prior to scheduling, by asking:
 1. Within the past 7 days have you or anyone in the residence/location had:
 - Fever;
 - respiratory illness, such as cough, sore throat, runny nose, or shortness of breath;
 - mild flu-like symptoms, such as fatigue, muscle aches, headache; or
 - New symptoms of loss of taste and smell
 - If yes, please explain
 2. Have you or has anyone in the residence been asked to self-quarantine by a public health official, medical provider, or another individual/entity because of potential direct contact with a person who had COVID-19?
 - If yes, which day of quarantine are you on?
 - If yes and the 14 days of quarantine have not passed, please reconfirm that no one in your household has any symptoms
 3. Have you or has anyone in the residence/location traveled in the past 14 days by bus, plane, train, or cruise ship?
 - If yes, please explain
 4. Have you, or has anyone in the residence/location traveled in the past 14 days to a place with high levels of community transmission such as any international setting and certain domestic travel which as the date of this directive includes New York, Connecticut, or New Jersey (please consult <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html> for latest guidance)
 - If yes, please explain
- If the answer is yes to any of the above, consult with your supervisor to determine whether and how the necessary visit can occur.
 - Supervisors should contact their Field Administrator to assess whether consultation with the Division of Public Health Services (DPHS) is indicated. In the event that an individual is quarantined, isolated, or positive for COVID-19, always consult with DPHS prior to initiating contact.

- If the answer is no, proceed with visit with the appropriate social distancing.

Step 3: Schedule Visit and Establish Social Distancing Procedures for the Visit

- All visits should be structured with the appropriate social distancing as recommended by DPHS and the CDC, including:
 - Decreasing the number of individuals involved in the visit to only those necessary for the purpose of the visit;
 - Decreasing the duration of the in-person visit to only complete necessary aspects in-person and complete the remaining portions remotely;
 - Meeting outside whenever possible;
 - Minimizing contact with surfaces and personal items by standing, not touching surfaces and not bringing personal items like bags into visits;
 - Maintaining at least 6 feet of personal space;
 - Avoiding sharing items such as pens;
 - Using disinfectant wipes, gloves, etc. in the event you must touch a surface, such as a door knob;
 - Refraining from touching your face;
 - Using a mask (cloth or medical if available) if you may be within 6 feet of another individual and requiring that other participants do the same;
 - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>);
 - Washing hands and using hand sanitizer immediately after a visit;
 - Wiping any items used during the visit, such as phones, with disinfectant wipes/solution immediately after the visit.
- If listed items are unavailable in your office such as disinfectant wipes, hand sanitizer, gloves, and masks may be reimbursed by including on your travel voucher.
- If there were positive risk factors and for exposure and the safety of the child requires close contact, the worker and supervisors shall consult with Field Administrator who shall consult with DPHS to determine the appropriate precautions for the individual situation.
- Children, youth, and families should be advised of the social distancing precautions prior to the visit, if possible.

Required Documentation

Each of the above determinations shall be documented in Bridges.

- Video visits should be documented as “face-to-face” in contacts.
- Telephone visits should be documented as “telephone” in contacts.

Questions

Questions regarding alternative procedures for visits should be directed through your supervisor.